

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

OCT 11 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County GASCONADE  
(b) City or town RURAL BOWLSHIRE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
OWENSVILLE ROUTE 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME AUGUST FREDERICK GAWER

3. (b) If veteran, name war NONE 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSIE GAWER NEE MASON 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased SEPT. 2 1877  
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace WOOLAM MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

12. Name HENRY GAWER  
13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name ROSA KRAMER  
15. Birthplace WOOLAM MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant SIMON GAWER

(b) Address OWENSVILLE ROUTE 2

17. (a) BURIAL (b) Date thereof 9-15-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OWENSVILLE CITY CEM.

18. (a) Signature of funeral director GOTTENSTRAETER

(b) Address OWENSVILLE

19. (a) Sept 15, 1943 (b) Mrs. J. B. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. OWENSVILLE ROUTE 2  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 12  
year 1943 hour 9:45 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Dec 6 1941 to Sept 12 1943  
that I last saw him alive on Aug 10 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Cerebral Hemorrhage

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 92d

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 2

23. Signature Dr. H. H. Bradley (M. D. or other) D.O.  
Address Owensville, Mo Date signed 9-15-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Milford Winter

Licensed Embalmer No. 3838

P. O. Address Owensville Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**